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Customized PTO/SB/01 (10-01) **DECLARATION FOR UTILITY** P07814US01/RFH Docket No. 1st Inventor **OR DESIGN** Stergios STERGIOPOULOS PATENT APPLICATION COMPLETE IF KNOWN Declaration Submitted with Initial Filling Serial No. Filing Date Declaration Submitted after Initial Filips

Declaration Submitted after tritilal Filling	Filling Date				
As a below named Inventor, I hereby declare that: My residence, mailing address and citzenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a petent is sought on the invention entitled: Method and Device for Correcting Organ Motion Artifacts in MRI Systems the specification of which: X is attached hereto OR was filed on as US Application No. or PCT International Application No. , and (if applicable) was amended on .					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the daims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is malerial to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filling date of the continuation-in-part application.					
I hereby claim FOREIGN PRIORITY benefits under 35 USC 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's certificate(s), or 365(a) of any PCT internal application which designated at least one country other than the US, listed below and have also identified below by checking the box, any foreign application for patent, inventor's certificate(s), or any PCT internal application having a filing date before that of the application on which priority is claimed. (ADDITIONAL APPLICATIONS IDENTIFIED ON ADDITIONAL INFORMATION SHEET Prior Foreign Appl. No. Country Day/Month/Year Filed Priority Not Claimed					
As a named inventor, I hereby appoint the registered practitioners of LARSON & TAYLOR, PLC associated with Customer Number 000881 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to that Customer Number. Direct all telephone calls to Mr. Ross F. Hunt, Jr., at TEL (703) 739-4900 (Fax: 703-739-9577) e-mail: rhunt@larsonteylor.com					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. (X ADDITIONAL INVENTORS IDENTIFIED ON ADDITIONAL INFORMATION SHEET)					
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Inventor's Signature

Name Of Additional Joint Inventor, if any

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DECLARATION FOR UTILITY	Docket No.	P07814US01	Customized PTO/S8/01 (10-01) /RFH
OR DESIGN	1 st Inventor		RGIOPOULOS
PATENT APPLICATION		COMPLETE IF KNOWN	
ADDITIONAL INFORMATION SHEET	Serial No.	· · · · · · · · · · · · · · · · · · ·	
(use as required)	Filing Date		
Additional Prior Foreign Application(s): Prior Foreign Appl. No. Country	Day/Mo	Day/Month/Year Filed Priority Not Claimed	
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SIGN AND DATE HERE Inventor's Signature		Date	
Name Of Additional Joint Inventor, if any		Citizenship	
Given Name (First and Middle (If any))		Family Name or Surname	
Full Mailing Address			
Residence - City, State/Country (if different from mailing address).			
SIGN AND DATE HERE Inventor's Signature		Date	
Name Of Additional Joint Inventor, if any		Clttzenship	
Given Name (First and Middle [if any])		Family Name or Sumame	
Full Mailing Address			
Residence - City, State/Country (If different from malling address)			
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Date

Citizenship

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			Customized PTO/SB/01 (10-01)	
DECLARATION FOR UTILITY	Docket No.	P07814US0	01/RFH	
OR DESIGN	1 st Invent r	Stergios ST	ERGIOPOULOS	
PATENT APPLICATION		COMPLETE	IF KNOWN	
X Declaration Submitted with Initial Filing	Serial No.			
Declaration Submitted after Initial Filing	Filing Date			
As a below named inventor, I hereby declare that:				
My residence, mailing address and citizenship are as stated below next to r i believe I am the original and first inventor of the subject matter which is cla		a natent is smuol	ht on the invention entitled:	
Method and Device for Correcting Organ Motion Artifacts in MRI Sy		a patont is oddgi	t on the monaton chauds.	
the specification of which; X is attached hereto				
OR				
was filed on as US Application No. or PCT International Appli and (if applicable) was amended on .	ication No. ,			
I hereby state that I have reviewed and understand the contents of the above	ve-identified specific	ation including th	ne claims, as amended by any	
amendment specifically referred to above.	·			
I acknowledge the duty to disclose information which is material to patental applications, material information which became available between the filling				
filing date of the continuation-in-part application.				
I hereby claim FOREIGN PRIORITY benefits under 35 USC 119(a)-(d) or (f certificate(s), or 365(a) of any PCT internati application which designated a				
identified below by checking the box, any foreign application for patent, inved	entor's certificate(s),	or any PCT inten	natī application having a filing	
Prior Foreign Appl. No. Country		nth/Year Filed	Priority Not Claimed	
	_ 1			
As a named inventor, I hereby appoint the registered practitioners of LARSON & TAYLOR, PLC associated with Customer Number 000881 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to that Customer Number. Direct all telephone calls to Mr. Ross F. Hunt, Jr., at TEL (703) 739-4900 (Fax: 703-739-9577) e-mail: rhunt@larsontaylor.com				
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Docket No. P07814US01/RFH

1st Inventor Stergios STERGIOPOULOS

COMPLETE IF KNOWN

Serial No.

ADDITIONAL INFORMATION SHEET

(use as required)

Filing Date

Additional Prior Foreign Application(s):			
Prior Foreign Appl. No.	Country	Day/Month/Year Filed	Priority Not Claimed
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Given Name (First and Middle [if any])		Family Name or Surname	
Full Mailing			<u> </u>
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(if different from mailing address)	<u> </u>		
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